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23410 7590 06/13/2007

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Jocelyn L. LEE	(Depositor's name)
	(Signature)
9/11/07	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/098,661	03/15/2002	Katie L. Krueger	01-030 (US01)	5698

TITLE OF INVENTION: MEDICAL DEVICE CONTROL SYSTEMS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$0	\$1700	09/13/2007

EXAMINER	ART UNIT	CLASS-SUBCLASS
COHEN, LEE S	3739	600-374000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).
☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

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(A) NAME OF ASSIGNEE

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BOSTON SCIENTIFIC
SCIMED, INC.

Maple Grove, MN

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

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Typed or printed name Michael J. Bolan

Date 9/11/07
Registration No. 42,339

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